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PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

Application Number	10/828,753
Filing Date	April 21, 2004
First Named Inventor	Jeremy Clark
Art Unit	1614
Examiner Name	
Attorney Docket Number	43496

CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR					
I hereby appoint the practitioners associated with the Customer Number:					
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:					
Firm or Individual Name			· · · ·		
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City	Snellville	State GA		Zip	30039
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Telephone	(205) 824-0451	Fax (2	105) 581-	287	0
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	lih				
Name Jeremy Clark					
Date 3/18/2	005	Telephone	(205) 82		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of					

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	ess it displays a valid OMB control number.	
Application Number	US0412472	
Filing Date	April 21, 2004	
First Named Inventor	Fereny Clark	
Art Unit	1614	
Examiner Name		
Attorney Docket Number	Steven C. Bruess P.O. Bo	× 2903

Minneagolis m N 55402 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Jeremy Clark Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name **Address** 2883 Quinbery Dr. City State Snellville GA 30039 Country il.S Telephone 581-2870 (205) 824-0451 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Clark Date Telephone (205) 824-0451 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

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